

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 05/26/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/26/2015
NAME OF PROVIDER OR SUPPLIER ARKANSAS CITY PRESBYTERIAN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1711 N 4TH ST ARKANSAS CITY, KS 67005		
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F 000	INITIAL COMMENTS	F 000			
F 364 SS=E	<p>The following citations represent the findings of a health re-survey.</p> <p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 55 residents. Based on observation and interview, the facility failed to provide palatable, attractive, food for the residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 5/18/15 residents complained of being served cold non-palatable foods including: <p>On 5/18/15 at 9:13 AM, resident #21 reported the food was never hot and the same vegetables were repeated too often.</p> <p>On 5/18/15 at 10:03 AM, resident #8 reported the food did not taste good, and was never hot.</p> <p>On 5/18/15 at 12:18 PM, resident #18 reported breakfast was always cold. We have too much pasta and need more variety in the fruits we are served.</p> <p>On 5/18/15 at 2:40 PM, resident #61 reported the green beans and the fried potatoes were always cold.</p>	F 364			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 364	<p>Continued From page 1</p> <p>On 5/18/18 at 7:4 5 AM, dietary staff D reported the facility meal times were open dining for the residents as follows: Breakfast from 7:00 AM through 9:00 AM, Lunch from 11:00 AM through 1:00 PM, and Supper from 4:00 PM through 6:00 PM.</p> <p>On 5/20/15 at 11:35 AM, dietary staff E, reported the staff tested the food temperatures 3 times during a meal service, after being put on the steam table. These times included; when placed on the steam table, at (8:00 AM, 12:00 PM, and 5:00 PM) and at the end of each meal service. He/she added the food was also tested before leaving the kitchen.</p> <p>On 5/20/15 at 11:35 AM, upon request and after checking the food temperatures of the food items on the steam table, dietary staff E stopped the meal service. Staff E reported he/she thought the food was not hot enough because the lids were not kept over these items on the steam table during serving.</p> <p>On 5/21/15 at 9:15 AM, dietary staff D verified the chicken livers, the chicken drummies, the chicken gravy, and the winter vegetables had lost temperature, and thought it was due to being uncovered between meals served. Staff D reported he/she instructed the dietary staff to keep the food covered at all times between serving. Staff D verified the food temperatures were not scheduled to be rechecked until noon, and several resident could have been been served the cooler food items during this time without staff knowledge.</p> <p>In addition, on 5/18/15, other residents also complained of the facility food palatability/food quality as follows:</p>	F 364			

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F 364	Continued From page 2 On 5/18/15 at 9:57 AM, resident #36 reported the food was good sometimes. On 5/18/15 at 9:56 AM, resident #50 reported he/she did not like the food very much with too much spicy stuff served. On 5/18/15 at 10:36 AM, resident #6 reported he/she did not like the food at times, and the facility needed to have softer foods. On 5/18/15 at 12:18 PM, Resident #65 reported the facility served too many casseroles. On 5/18/15 at 12:47 PM, resident #2 reported the food was not home cooking, and did not care for it. The resident reported having some meals brought in to them. The facility's undated policy for Steam Table Serving Temperature for Hot/Cold Food documented the minimum serving/holding temperatures: Meats,casseroles- 135-170 F. Gravy 135-170. Vegetable- 135-170 F. If the serving /holding temp of a hot food is not 135 F or higher, the item will be reheated to at least 165 F for minimum of 15 seconds. The item may be reheated only once and must be discarded or consumed within two hours. Any reheated item that is left after meal service or held longer than 2 hours is discarded. The facility failed to provide palatable, attractive food items for the residents of the facility.	F 364			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a	F 441			

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F 441	<p>Continued From page 3</p> <p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 55 residents and identified 8 residents who received nebulizer (breathing) treatments. Based on observation, interview and record review, the facility failed to</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>ensure the sanitation of nebulizer equipment in a manner to prevent cross contamination for the 8 residents with nebulizer treatments.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation of the medication room, on 5-18-15 at 8:23 am, revealed two nebulizer masks, aerosol chambers and components, on a towel, on a counter of the medication room. Observation, at this time revealed 8 unlabeled plastic bins stacked together on the counter. All 8 of these containers contained water droplets. <p>Interview, on 5-18-15 at 8:23 am, with licensed nursing staff F revealed the night shift soaked the residents' nebulizer equipment in the plastic bins, in vinegar water, then placed them on the towel to dry. Staff F stated the plastic bins should not be stacked wet, and acknowledged the bins were not labeled for identification of each resident. Furthermore, staff F did not know how the bins were sanitized after each use.</p> <p>Interview, on 5-21-15 at 5:06 am, with licensed nursing staff C, revealed the night shift was responsible for soaking the residents' nebulizer equipment in a vinegar and water solution. Staff C stated the plastic bins were used for each resident, but had not been labeled for each resident. Staff C stated the bins should be dried, and labeled.</p> <p>Interview, on 5-21-15 at 11:08 am, with administrative nursing staff B, revealed staff should clean the plastic bins used for soaking the nebulizer components with antimicrobial soap, and air dry before stacking.</p> <p>The undated facility policy for nebulizer cleaning,</p>	F 441			

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F 441	Continued From page 5 instructed staff to clean the nebulizers in a designated area, in a labeled container for 30 minutes, in a solution of one part distilled white vinegar and 2 parts water, rinse with running water and air dry. The facility failed to ensure proper sanitation of the 8 residents' nebulizer components to prevent cross contamination.	F 441			